

PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

03/12/2004 SLUAN61 00000003 500510 10708518
01 FC:1001 770.00 DA

PTO-1556
(5/87)

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10708518

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

| | | |
|---|-----------------|--------------|
| TOTAL CLAIMS | 20 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 20 minus 20 = * | 0 |
| INDEPENDENT CLAIMS | 3 minus 3 = * | 0 |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

| | | | | | |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | Minus | ** | = |
| | Independent | * | Minus | *** | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

(Column 1)

(Column 2)

(Column 3)

| | | | | | |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | Minus | ** | = |
| | Independent | * | Minus | *** | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

(Column 1)

(Column 2)

(Column 3)

| | | | | | |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | Minus | ** | = |
| | Independent | * | Minus | *** | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

| | |
|-----------|--------|
| RATE | FEE |
| BASIC FEE | 385.00 |
| X\$ 9= | |
| X43= | |
| +145= | |
| TOTAL | |

OR

OR

OR

OR

OR

| | |
|-----------|--------|
| RATE | FEE |
| BASIC FEE | 770.00 |
| X\$18= | |
| X86= | |
| +290= | |
| TOTAL | 770.00 |

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$ 9= | |
| X43= | |
| +145= | |
| TOTAL ADDIT. FEE | |

OR

OR

OR

OR

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$18= | |
| X86= | |
| +290= | |
| TOTAL ADDIT. FEE | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$ 9= | |
| X43= | |
| +145= | |
| TOTAL ADDIT. FEE | |

OR

OR

OR

OR

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$18= | |
| X86= | |
| +290= | |
| TOTAL ADDIT. FEE | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$ 9= | |
| X43= | |
| +145= | |
| TOTAL ADDIT. FEE | |

OR

OR

OR

OR

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$18= | |
| X86= | |
| +290= | |
| TOTAL ADDIT. FEE | |

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of
InventionMETHOD, SYSTEM AND STORAGE MEDIUM FOR
DYNAMICALLY SELECTING A PAGE MANAGEMENT POLICY
FOR A MEMORY CONTROLLER

Application Number:

Date:

First Named Applicant: Richard E. Harper

Attorney Docket Number: YOR920040067US1

TOTAL FEE AUTHORIZED \$770

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as large entity

BASIC FILING FEE

| Fee Description | Fee Code | Amount \$ | Fee Paid \$ |
|--------------------------------------|----------|-----------|-------------|
| Utility Filing Fee | 1001 | 770 | 770 |
| Subtotal For Basic Filing Fee: \$770 | | | |

EXTRA CLAIM FEES

| Fee Description | Extra Claims | Fee Code | Amount \$ | Fee Paid \$ |
|--------------------------------------|--------------|----------|-----------|-------------|
| Total Claims: 20 | 0 | 1202 | 18 | 0 |
| Independent Claims: 3 | 0 | 1201 | 86 | 0 |
| Subtotal For Extra Claims Fees: \$ 0 | | | | |

AUTHORIZED BILLING INFORMATION

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit account number: 500510

Deposit name: International Business Machines Corp.

Deposit authorized name: Anne Davis Barry

Signature: ADB
Date (YYYYMMDD): 2004-03-09

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.